FACULTY EVALUATION OF PROFESSIONAL SCHOOL OR GRADUATE SCHOOL APPLICANT

APPLICANT:

Before you give this form to your evaluator, you must:
1. Type or print in black ink the requested information about yourself and your evaluator in the following blanks; and
2. Indicate whether or not you waive your right of access to this evaluation.

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana University ID Number</td>
<td>Position and Department</td>
</tr>
</tbody>
</table>

The Family Educational Rights and Privacy Act of 1974 gives you a right of access to an evaluation written about you, but also says that you may waive this right. Indicate whether or not you will waive your right for this evaluation by marking the appropriate sentence, signing and dating below.

I waive this right. I do not waive this right.

Applicant’s Signature Date

EVALUATION

1. In what courses have you taught the student?

2. How long have you known the applicant?

3. How well do you know the applicant? Very well Fairly well Slightly

4. In what capacity(ies) have you been associated with the student?

Not acquainted Academic Advisor Other: (specify) Instructor: Lecture Laboratory Seminar

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<tbody>
<tr>
<td>analysis, insight</td>
<td>originality, creativity</td>
<td>maintenance of grades, own strength</td>
<td>awareness of own strengths</td>
<td>persistence, conscientiousness</td>
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On separate, attached letterhead (preferred), or in the space below, please discuss any particular observations and/or reactions bearing upon this person’s character and academic promise for admission to professional or graduate school. (If using the space below, please type or print clearly in black ink.)

I recommend the applicant for graduate or professional school:

- As an **OUTSTANDING** candidate
- As an **EXCELLENT** candidate
- As a **GOOD** candidate
- As an **AVERAGE** candidate (Applicant has one or more characteristics which may cause difficulty.)
- **I CANNOT RECOMMEND** the applicant (Please see above comments.)

**CHECK HERE** if this letter may also be used in support of applications to other graduate programs, or for corporate or university affiliated internships and scholarships.

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Date College or University

This form has been prepared by the Health Professions and Prelaw Center for use by Indiana University, Bloomington students participating in the graduate and professional school admissions process. Recommenders should return it to: HPPLC, Indiana University, Maxwell Hall 010, 750 E. Kirkwood Avenue, Bloomington, Indiana 47405. Questions may be directed to: recserve@indiana.edu.

Graduate and professional programs should accept this form only if it is sent directly from the Health Professions and Prelaw Center.